

Manual of **SUICIDE INTERCEPTION**

What to Look For

What to Listen For

What to Do

Prison Health Services
Health Services Administration

INTRODUCTION

It is our belief that most jobs, especially those that have to do with helping people, have built into them a sense of responsibility, and an attitude of caring, concern, respect and patience. Your job will be one of responsibility and require such an attitude. You will carry out your job by talking with people who are housed in the area that you will patrol and by sharing what you know with the other people who will be working with you.

You will be working on a Team that is made up of Correction Officers, Mental Health Staff and Inmate Suicide Prevention Aides. Like any team, you will work closely together and will have as a common goal the improvement of the welfare of others.

The area where you will be working will house many kinds of people with special problems, such as: bugging out (mental disorders), dumb and stupid (mentally retarded), fits (epileptic), and kicking (detoxifying). This manual will assist you in helping them.

The main purpose of this manual though, is to help you be more aware of and to understand more about people who feel they have to hurt or kill themselves and how you can possibly stop it.

This manual is not the only assistance you will receive. You will get much from your fellow members, classes, and training sessions. Through your own experience, you will learn beyond what is in this manual. If you have suggestions to add to or improve it, discuss it with your team leader or send directly to:

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Death must inevitably be a lonely experience, and nowhere more lonely than in jail. Isolated from family, friends, and most of the compensations for the hardships of life, locked in a cell, inhibited by paralyzing fear, crushing depression and guilt - some twelve men each year choose the final isolation of death and hang themselves. In many cases, if their loneliness and isolation had been broken by the contact, concern, and caring of another human being, the final step into the noose might not have been taken. This manual is designed to help those people working in New York City's Correctional facilities to break the deadly loneliness of despair and to block that final step by those who might otherwise take it.

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MENTAL DISORDERS

Some of the suicides in the prisons have been committed by men who have mental disorders. Often these people have been arrested on charges of murder, rape, assault, and often this is their first time in prison. Their thinking about themselves or other people may be unreal, which is called a "delusion". For example, a man may believe he is God, or he may believe everyone is out to get him.

He may hear or see things which are not there. These are called "hallucinations". He may see his mother waving "goodbye" to him through the window, or, he may hear a voice telling him to do things.

*AN IMPORTANT THING ABOUT DELUSIONS and HALLUCINATIONS
IS THAT THEY MAY DRIVE A PERSON OR TELL A PERSON
TO TAKE HIS OWN LIFE.*

The man may talk to you about these things openly, or he may not. He may keep to himself. He may have a hard time in explaining his thoughts and feelings. When he is in his cell, he may seem to be hiding in it. He may seem to be talking to someone when no one is there.

THIS PERSON MAY BE SUICIDAL!!

One of the worst feelings such a man may have is that he is entirely ALONE, cut off from his family and friends. His fears and/or delusions may make him feel even more cut off and alone. You can help him by getting to know him, talking to him, being friendly, letting him know you care and want to help.

The best suicide stopper is a positive relationship with another person who cares, is available, and with whom one can feel connected.

SUICIDE RISKS

At this time and day a man may be thinking of killing himself. You may be able to stop it. Time and again, people who have thought of killing themselves, do not do it because someone else took the time to care and to listen and to help them work it out, little by little.

Your talking with someone, as simple as it may sound, may stop that person from killing himself.

The person who commits suicide may see it as his *only* choice. Your role may be to help him see that he can choose to live. If you can help him understand that, hopefully he will choose to live rather than to kill himself.

There are many reasons why someone is suicidal. They mostly have to do with what he is thinking and feeling. For instance:

1. He may feel very guilty about a real or imagined act (murder, assault, rape especially).
2. He may blame himself for that act.
3. He may be very down, depressed — may not be able to sleep or eat, and have feelings that he is suffering too much, can't stand it anymore, and must get relief from all that suffering.
4. He may think a great deal about suicide.
5. He may have experienced actual, imagined, or delusional *loss* of any of the following:

Family member or other loved one.

Love of an important person which he feels he needs.

Fear of a long loss of freedom or a long punishment (a long sentence)

Doesn't like or respect himself anymore because he got involved in a homosexual act.

Money and/or property—with the belief that life is not worthwhile without it.

The importance of and the kind of role he has with his family.

A person may express suicidal feelings in many ways. For example:

1. He may say he wants to commit suicide.
2. He may have a realistic plan on how to do it.
3. He may have the following feelings.

"I wish I were never born."

"I'm a failure."

"I'm no good, rotten, evil — my family and the world would be better off without me."

"I'm a burden to my family — they would be better off if I were gone."

"My life has no meaning — I'm going nowhere."

"There is no future."

"I'm never going to get out."
4. He may have a wish to reunite with someone who is dead who he loved. He thinks it would be a happy reunion. He may think of this if the person just died or if it is the anniversary of that person's death.

What YOU CAN NOTICE That MAY Tell YOU Someone is SUICIDAL

1. He tells you.
2. He is unable to sleep, especially if he wakes at 3 or 4 in the morning and broods.
3. His physical appearance — he doesn't care anymore how he looks — doesn't wash, shave, change clothes, etc.
4. He puts things in order - packs stuff up and *you know* he is going nowhere.
5. He gives away to someone else something he values very much.
6. He has more and more problems getting along with people.
7. He has never been arrested before; this is his first time in prison.

8. He changes: he stays in his cell all the time, when he used to get out and talk, or, he gets into a fight and he never was in one before.
9. He has a history of trying to kill himself before.
10. He cries.
11. He keeps hurting himself, banging his fists, cutting up, etc.
12. He has a history of being in State Hospitals before.

Being in jail may cause or be the final pressure in causing someone to be suicidal. You can help him try to understand and deal with these pressures while in jail.

EVERY DAY ON THE JOB

1. Get a picture of what he seems to be like every day. Then, match it with the picture you have of him today: how he acts, looks, and feels.

Are there any changes? For instance, the first day you saw him, he seemed moody. Today, the third day, he is crying and sobbing and can't tell you why.

THE CORRECTION OFFICER AND THE MENTAL HEALTH STAFF SHOULD BE NOTIFIED OF THE CHANGES.

The Mental Health staff should then advise the team on how to deal with it.

If you notice a big change in someone and it is the weekend or holiday and there is no Mental Health Staff available, the Inmate Aide will notify the Correction Officer who will ask the Medical Doctor to see him.

Whenever you are concerned about someone, always:

**WATCH HIM MORE CLOSELY THAN YOU DID BEFORE.
REROUTE THE POST TO CHECK ON HIM MORE OFTEN
UNTIL COMMUNICATION AND FOLLOW UP BY THE MENTAL
HEALTH STAFF HAS BEEN OBTAINED. MAKE SURE THAT
ALL CORRECTION OFFICERS AND INMATE SUICIDE PRE-
VENTION AIDES IN THE AREA ARE INFORMED. THE CORR-
ECTION OFFICER WILL ENTER IT IN THE LOG BOOK.**

2. Talk with him at special times:

When he is going to or comes back from Court

When he comes back from a visit

When he comes back from an important phone call

When he comes back from the doctor

**SOME PEOPLE WHO COMMITTED SUICIDE IN PRISON WERE
UPSET AFTER A FAMILY VISIT AND DID NOT HAVE ANYONE
TO TALK TO.**

3. Notice if a guy has any visits and if that upsets him, or if he does not get any, he gets upset when others do.

NEW ADMISSIONS and PEOPLE RETURNING FROM HOSPITALS, STATE INSTITUTIONS, etc.

1. Have a long talk with a new admission to the tier. Get to know him. Establish some sort of relationship with him so that he feels free to talk with you and others in the future.
2. Introduce him to the Team (other Inmate Suicide Prevention Aides, Correction Officers and Mental Health Staff.)
3. Show and explain the tier to him.
4. Tell him how he can contact special people in the institution to help him with his problems, such as Legal Aide, the Social Worker, or Mental Health staff. Assist him if necessary and insist that it be done.
5. Explain when commissary is, what it means, when visits are, when he can make a phone call and how he can.
6. If a man is confused about the above (4 & 5) inform the Correction Officer. Remain on the case and refer it to the other Inmate Suicide Prevention Aides, Correction Officers and the Mental Health staff if assistance is needed. The Correction Officer will enter the information in the log. The Aide will follow through until action is taken.
7. If you feel in doubt or puzzled about him, have the Mental Health staff or the Medical doctor see him **IMMEDIATELY ! ! !**

AFTER ADMISSION

If a man seems upset, or withdrawn, or very negative, **CHECK OUT WHY !** If his condition or his problem looks like something he cannot handle:

COMMUNICATE IMMEDIATELY TO:

CORRECTION OFFICER

OTHER INMATE SUICIDE PREVENTION AIDES

MENTAL HEALTH STAFF OR MEDICAL DOCTOR

TELL HIS CELL MATE

MAINTAIN A CLOSER WATCH

Note changes in:

1. Eating Habits

Not eating? Overeating?

2. Sleeping Habits

Not enough? Most of the time?

Waking early? like 3-4 a.m. and feeling tortured?

3. Taking medications

Not taking? Begging for more?

4. Physical appearance and personal hygiene

Does not care anymore?

AND COMMUNICATE THEM TO OTHER INMATE SUICIDE PREVENTION AIDES, CORRECTION OFFICERS, AND MENTAL HEALTH STAFF.

All of you should work together as a **TEAM**. Inmates in need of help should be able to rely on you; you should be able to rely on each other.

LOG BOOK

It is the responsibility of the Correction Officer to enter important information in the Special Observation Log Book. It is important that a written record be kept of what you know and observe. Often it will be the only means of communicating with the rest of the team. All entries must be made by the Correction Officer.

1. The Log Book should contain:

- a. Admission notes
- b. New information on inmates (next Court date, dropped warrants, etc.)
- c. Changes in behavior
- d. Inmate transfers: why no longer there and where he was transferred to
- e. Referrals you make, who responded to them, when, and what was done
- f. If an inmate does not speak English, what language he does speak

2. When information is written about a person, it should always refer to the person by name, cell number or bed location and admission date.

3. Each entry should be noted with the time, the Correction Officer's name and badge number making the entry and the name of the Inmate Suicide Prevention Aide if he reported the information.

4. Each on coming team of Correction Officers and Inmate Suicide Prevention Aides should exchange information with off going team. In addition, all entries made in the log during the previous tour should be reviewed.

**IMPORTANT INFORMATION SHOULD ALWAYS BE
RECORDED IN THE LOG BOOK**

EXAMPLE OF LOG BOOK NOTES

Time of each entry should be carefully noted and the officer making the entry should sign his name.

An Admission Note

How he looks 3:00 P.M.

John Doe, cell 1L3, admitted October 30, 1975 at 2:30 P.M. He speaks only Spanish. His clothes appear shabby, sloppy, (or clean).

How he presents himself

He looks depressed. He talked in a whisper. Did not say much. Sat on his bed. Did not move much. Mostly talked about his wife not knowing where he is.

What he talked about

He called his wife, Jane, and talked with her. She will visit him tonight.

Correction Officer
John Jones # 187

A follow-up note

4:00 P.M.

John Doe was walking up and down cell, waving hands. Sounds angry and scared. Says he refuses to stay in jail or go to Court. Talked of life not being worth living and that he would be better off dead. Action reported by Inmate Aide Mendez. Referred to Mental Health staff immediately.

Correction Officer
Joe Smith # 1121

or

4:30 P.M.

Joe Doe, did not talk with me much. Kept looking over his shoulder and talking to who he thought was back there - his mother who keeps waving goodbye to him. Mental Health notified by phone to see him.

Correction Officer
Joe Smith # 1121

An Every Day Note

2:00 P.M.

Talked with John Doe, cell 1L3, admitted 10/30/73, NACC warrant dropped today. He is upset. Called his lawyer, no answer. I asked him to keep trying . Follow up.

Correction Officer
John Jones # 187

A Referral Note

2:30 P.M.

John Edwards, cell # 1L20, admitted 10/28/73, a deaf-mute, was referred to the Mental Health staff. He was seen by Dr. Smith, who will get a special volunteer to help him.

Correction Officer
John Jones # 187

A Transfer Note

3:17 P.M.

John Edwards, cell # 1L20 admitted 10/28/73 transferred to Rikers Island Hospital for medical tests.

Correction Officer
John Jones # 187

WHEN TALKING TO HIM

There are many ways a person can tell you (without really telling you in words) that he is very upset or suicidal by what he talks about, or does not talk about, and how he handles himself. The following are some questions you can keep in the back of your head when you are talking to someone that will give you an idea how upset he is.

1. Does he talk about getting out?

Does he talk about it realistically?
or, are his plans unreal?
Or, doesn't he have any plans?

2. Does he see a future for himself?

Or, doesn't he?
If he does, is it real?

IT IS NORMAL IN PRISON TO TALK ABOUT GETTING OUT AND MAKING PLANS FOR THE FUTURE. (OR, THE REALITY OF HAVING TO BE IN PRISON FOR A LONG TIME). IF SOMEONE DOES NOT SEE A FUTURE FOR HIMSELF, HE MAY BE SUICIDAL. IF HIS PLANS ARE UNREAL, HE MAY BE HEADING FOR A FALL AND WHEN HE CRASHES, HE MAY BE SUICIDAL.

3. *Does he seem to be acting?*

4. *Does he argue?*

How?

Does he seem hostile?

Nervous and angry at the same time?

BOTH OF THESE MAY MEAN THE MAN IS NOT FACING HIS REAL PROBLEMS, HIDING THEM INSIDE. HE MAY BE SUICIDAL.

5. *Is he only thinking about the past?*

Does he only talk about the last time he had a fix and that is all he wants now (and, if he can't have it...)?

Does he only talk about the last time he had sex?

HE IS NOT DEALING WITH THE HERE AND NOW. HE MAY BE SUICIDAL.

6. *Does he feel hopeless, helpless?*

That he is never going to have the thing he keeps talking about?

Does he keep repeating it?

HE MAY BE SUICIDAL.

7. *Is this the longest he has ever been away from sex?*

IF HE GETS UPTIGHT ABOUT IT, HE MAY RAPE ANOTHER MAN, OR GET INTO A HOMOSEXUAL ACT. THIS COULD MAKE HIM FEEL WORSE AND LEAD HIM TO THINKING ABOUT SUICIDE.

8. *Does he talk about religion?*

About going to Heaven or Hell?

About God punishing him?

HE MAY BE SUICIDAL. FIND OUT WHAT RELIGIOUS AFFILIATION HE HAS AND ASK THE MENTAL HEALTH STAFF OR CHAPLIN WHAT THAT RELIGION'S VIEW IS ON SUICIDE. IS THERE A PRIEST, MINISTER ON THE OUTSIDE WHO HE CARES FOR? CALL HIM IN TO SEE THE MAN!

9. *His charge or sentence*

MEMORIZE and ask him this question: "What is it about your arrest (charge) (sentence) that you are (most) concerned about?"

Then, it is open to him; the thing he might be most concerned about may not have to do with his charge, but instead, the arrest procedure, the effect on his family, his job, etc.

THIS WILL HELP YOU AND HIM TO UNDERSTAND MORE WHAT IS REALLY BOTHERING HIM

10. *Physical Appearance*

Does he keep biting his nails?

Does he smoke cigarettes down until his fingers are burnt?

Does he sweat too much?

Does he keep walking up and down the tier?

Does he ever settle down?

Does he care about how he looks? Did he come in looking neat, now he does not care and looks sloppy??

PEOPLE SOMETIMES GIVE OFF SIGNALS WHEN THEY ARE NERVOUS. THE ABOVE QUESTIONS INDICATE SOME OF THE WAYS THAT PEOPLE SHOW THAT THEY ARE UPTIGHT.

WHAT to LOOK and LISTEN for BESIDES SUICIDAL THOUGHTS

1. *Nervousness in the person's voice*

Is he shouting?

Does his voice go up and down?

Does he whisper? When? What does he talk about when he whispers?

Does he say every word the same way?

Does his voice seem flat, without feeling?

Does his voice sound sad?

2. *His topic(s) of conversation*

Does it flow, like "I want to get out of here. I cant stand being in jail. I feel boxed in." Or, is it all over the place, like "I want to get out of here. I hope they don't have spaghetti for dinner tonight. My brother is in the hospital" You cant get a word in edgewise, and you are thinking the guy is taking you on a trip.

3. *How realistic is his conversation*

"I want to get out of here. I'm better than anyone else here." When you ask him how, he says, "I'm not guilty." As you talk with him about procedures on how he can prove his innocence (being able to go to trial, etc.) he keeps saying only that he is better than anyone else and refused to talk about what is really happening.

GUILT FEELINGS

Strong guilt feelings may cause a man to kill himself. A man may feel guilty about many things. He may feel guilty about his case, his family, his religion, being alive, or wanting to have sex with another man.

When a guy talks about guilt feelings, ask yourself, is he discussing them with you or is he explaining? When he is discussing them with you, he may be asking for help in how to deal with them. When he is explaining them, he may be asking for your forgiveness, like making a "confession". Then, sometimes, he may feel free to commit suicide. It is like a suicide note.

CONTACT MENTAL HEALTH STAFF IMMEDIATELY!

Does the guy deny guilt feelings? Yet, he is crying, doesn't eat, doesn't talk. His actions say he may be feeling guilty or that he doesn't care to live anymore. **HE MAY BE VERY SUICIDAL.**

CHECK WITH OTHERS ABOUT HIM

How a person gets along with others is very important. The following set of questions will help you with who and what to ask to help you get the total picture of the man.

1. *How well does he get along with inmates on the floor?*

Is he afraid of someone in particular? Why? Is there an inmate on the floor he doesn't like? Why not?

2. *Ask other Correction Officers and other inmates about him: the man on the telephone, the man who sweeps the floor?*

How well does he get along with other inmates? Can he take a joke?

Do things come up in phone conversations that the telephone man overhears that are important?

Can he handle making a phone call, or does he need help?

Does he get dressed when he goes to visits?

Does he look forward to going to the movies?

3. *Does he borrow things and not return them?*

And ends up in Protective Custody, feeling alone and rejected?
(Does he have money for commissary?)

4. *Does he participate in activities?*

Which? Movies? Religious services?

5. *Does he go to meals?*

Does he eat well?

6. *Does he complain constantly?*

7. *Does he spend his time alone, thinking?*

SUGGESTIONS TO HELP HIM IN GENERAL

1. Tell him what is happening; try not to let anyone mislead him.
2. Get to know the programs and the people in the institution who can help him or help you help him:

Mental Health staff

Correction Counselors

Medical Clinic hours

Special doctors and when they are there like the dentist, skin doctor, etc.

How to get a pair of glasses

Legal Aid

Drug Programs

Religious services

Schooling

Social Workers

Law Library

Special classes

Clothing, shoes, underwear

Recreation

Books, magazines, telephone hours, Commissary

Visits

3. Suggest to him that he might want to personalize his cell.

MAN HANGING UP — WHAT TO DO



1. Stay put. Shout "MAN HANGING UP" CELL NUMBER"

2. When the gate is opened, get in, approach him face to face, lift him from under the behind (butt), and keep him as straight as possible so the body does not flop around, while the Correction Officer cuts the sheets. Put your arms around him in a locking position:

3. Ease him to the floor, lay him on his back, loosen whatever is tied around his neck.

4. The Inmate Suicide Prevention Aide should assist the Correction Officer as he tells him what to do.

IT IS THE CORRECTION OFFICER'S RESPONSIBILITY TO DO THE PROMPT AND EFFECTIVE RESUSCITATION



WHAT TO REPORT IMMEDIATELY

Man fighting

Stay put, shout, "MAN FIGHTING, CELL NUMBER"

Man cutting up

Stay put, shout "MAN CUTTING UP, CELL NUMBER"

Man hanging up

Stay put, shout "MAN HANGING UP, CELL NUMBER"

Man setting fire

Shout, "FIRE, CELL NUMBER!" If there is a bucket on the tier, get it, fill it with water, throw water on fire.

Man having seizure

Stay put, shout, "SEIZURE, CELL NUMBER"

Man seen standing on his bunk, toilet, or sink (suicidal hints)

Notify another team member to stand by cell and seek additional help.

Changes in behavior

Call Mental Health staff; watch more closely

Swallowing glass, spoons

Notify another team member to stand by cell and seek additional help.

Constant banging head against wall

Tell Correction Officer and he will notify Mental Health staff immediately. A member of the team should stay with him, try to get him to talk.

THE FINAL DECISION OF CRACKING THE GATE LIES WITH THE CORRECTION OFFICER

THERE ARE OTHER COMMON PROBLEMS WHICH THE TEAM MAY ENCOUNTER WHILE WORKING ON THE OBSERVATION AREAS

PEOPLE WHO HURT THEMSELVES

When a guy is jumpy and starts to curse and blow off steam, that may be healthy. But, if he doesn't, he may decide to take it out on himself - cut up or hang up.

Then, there is the angry guy who is always shouting. When his anger gets out of control, he may cut up or bang his head against the wall or break things. He usually directs his temper at someone who he knows he can get away with. You might be able to use this other person to help him. Get the three of you together for talking, or encourage the other person to talk with him.

When someone is cutting up, banging his head against the wall, check to see:

when he does it

why he does it

who is around

someone he trusts?

someone who can help him?

the Correction Officer?

you?

CUTS

1. Stay put, shout, "MAN CUTTING UP, CELL NUMBER."
2. The Inmate Suicide Prevention Aide should NOT enter cell without the Correction Officer. The man may still have what he cut himself with and may try to use it as a weapon.
3. Use any piece of cloth and put it on top of the cut, and, using your own hand, press firmly on top of it.
4. If there is no cloth, use your bare hand.

BURNS

Do not do anything to it. Leave it uncovered. Contact medical doctor.

SEIZURES

There are many causes for seizures such as epilepsy or withdrawal from drugs or alcohol. When a man is having a seizure he is not able to answer you, he stares, or his eyes may go in back of his head and his body is stiff and shaking. *When a person is having a seizure, it does not matter what the cause is. A seizure is a seizure and it must be treated.*

WHAT TO DO

1. Stay put, shout, "SEIZURE, CELL NUMBER". The Correction Officer will call the doctor to come immediately.
2. Check for false teeth and take them out: *only if his mouth is still loose.*
3. Put a padded tongue blade (the padded part) inside his mouth: *only if his mouth is still loose.* Turn his head to the side, lightly, but firmly, and hold it there. Lightly hold tongue blade in place; as his head moves around, move with it.

DO NOT PUT ANYTHING INTO HIS MOUTH THAT CAN CUT,
LIKE A COMB.

4. Move objects out of the way that will hurt him as he shakes or that he could bump up against. If you cannot move the object, for example, a bedpost, move him slightly, or put a blanket up against the bedpost so that in case he hits it, he will not be injured.

DO NOT HOLD HIM DOWN ! ! !

A seizure means that the muscles are still and working against each other. If you hold him down, you could break a bone.

5. When it is finished, take the padded tongue blade out of his mouth and just let him stay down. He will get up when he is ready to.

More Information About Seizures

1. DO NOT OVER REACT! Do not get uptight. There is usually no real danger because of the seizure itself.
2. An epileptic often knows when he is going to have a seizure. Try to find out how he knows one is coming on, like a certain feeling, smell or color, and tell other team members in advance. Write it in the Log Book. Tell the inmate to lie down (on the floor) whenever he knows one is coming and try to call for help.
3. Let the seizure run its course and stay by. It takes time for the man to come out of one. First, he will not be able to talk and when he does he may sound drunk. He may not know where he is at first. He may be sleepy.
4. If a man finishes one seizure and goes right back into another, it's not good. A team member must stay with him and a doctor must be asked to COME IMMEDIATELY!

DETOXIFICATION AND AFTER DETOXIFICATION

"Detoxification" means kicking from a habit, usually heroin, or methadone, and sometimes from alcohol or barbituates. "Post (After) Detoxification" refers to the time after someone has detoxified.

Most of the suicides in the prisons were men who had at one time been addicted to drugs. The most important time to watch someone is:

"Cold turkey" from Methadone

Barbiturates

Heroin

Alcohol

or, the first few days after detoxification.

WHAT TO DO

Cold Turkey, Signs and Symptoms

What You Can Do

Vomiting

1. Ask him: what he is withdrawing from, is this his first time? (watch this guy closely).

Chills

2. Comfort him as best as you can.

Sweating

3. Encourage him to see the doctor.

Can't sleep

4. If symptoms seem to get worse, the Correction Officer should call the doctor.

Slumped position

5. Enter it in the Log Book.

Seizures

Mixed-up thinking and talk

6. STOP HIM FROM TAKING ANYONE ELSE'S MEDICATION. IT SHOULD BE REPORTED TO THE CORRECTION OFFICER AND THE MENTAL HEALTH STAFF IF IT HAPPENS.

Cramps

Diarrhea

After Detoxification

He will ask you for pills

Nervous

1. Refer him to the medical doctor if he does.

Jerky

2. If he takes somebody else's medicine NO MATTER WHAT KIND — REPORT IT IMMEDIATELY! HE MIGHT O.D. ON IT.

Can't Sleep

During either time, if the man seems turned off, hopeless, or expresses ideas of hurting himself, refer him to the Mental Health staff and enter the information in the Log Book.

OTHER PHYSICAL PROBLEMS

Any man who is sick and who does not want to go to the doctor.

Try and persuade him to; if he still does not want to go, tell the other team member. Enter it in the Log Book and make sure it is followed up.

Deaf-mute

Report this to the Mental Health staff and log it in the Log Book.

Tooth-aches

Do not let him take someone else's medicine. Report it if he does. Refer him to the medical doctor or dentist.

Any kind of injury or illness should be treated. If a man does not want to have it taken care of, he is saying that he does not think very much of himself, or that he does not trust the staff. Inform the Mental Health staff. Log it in the Log Book.

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